TELFORD & WREKIN COUNCIL'S RESPONSE TO FUTURE FIT

SUMMARY

Future Fit launched their long awaited consultation on the future of hospital services in the borough, Shropshire and Mid Wales on 30 May. This is the Council's response to that consultation which ends on the 4th September.

The consultation considers two options:

Option 1: The Royal Shrewsbury Hospital becomes an Emergency Care site with Women & Children's in-patient services and the Princess Royal Hospital becomes a Planned Care site.

Option 2: The Princess Royal Hospital becomes an Emergency Care site retaining Women & Children's in-patient services and the Royal Shrewsbury Hospital becomes a Planned Care site**.**

Under either option, both hospitals would have an Urgent Care Centre that is open 24 hours a day, seven days a week. The Planned Care site will also have Medical Wards for those needing to stay longer in hospital.

Option 1 is the preferred option of the CCGs. **Option 2** is the Council's preferred option in line with a unanimous decision by Full Council in September 2017.

Why does the Council consider Option 2 is better for all?

In summary – these are the Council's key reasons are:

- If Shropshire, Telford and Wrekin together with Mid Wales have £312m to spend on hospitals, let's get the best and most for the money.
- Option 2 will give the local NHS at least an extra £3.3m each year to spend on more GPs and nurses.
- Option 2 will allow the NHS to invest in a second state of the art cancer centre.
- Two thirds of all children and pregnant women admitted to hospital live nearer to the Princess Royal Hospital. Choose Option 2 to keep the new £28m Women and Children's Centre where it is.
- More than half of people having planned operations live nearer to the Royal Shrewsbury Hospital. Under Option 2, that's where planned care would be based.
- Average emergency travel times are shorter to the Princess Royal Hospital. Under Option 2, that's where the Emergency Centre would be based.

Why will Option 1 have more of an impact on everyone one and particularly the most vulnerable?

The reasons can be summarised below:

- Choosing Option 1 and spending more of the NHS's resources on borrowing capital for hospital buildings rather than on community services will impact on everyone but particularly those who need community services most such as older people with complex conditions and the very young.

- Choosing Option 1 will not maximise the hospital's ability to recruit doctors and nurses compared to Option 2. If the hospital isn't able to attract sufficient clinical staff in this nationally competitive market - this will impact on everyone as services will not be sustainable.
- Choosing Option 1 will mean the majority of Women and Children will travel further to have their babies or be admitted to hospital as a child. Those who have significant difficulties travelling to hospital in our borough – due to their socio-economic circumstances - are expected to travel further under Option 1.
- Choosing Option 1 will present the greatest challenge to those living in parts of Shropshire and Powys, such as older people, who find it difficult travelling to hospital for their planned operations and to visit those staying in hospital a long time.

TELFORD & WREKIN COUNCIL'S RESPONSE TO FUTURE FIT

DOES OPTION 1 OR OPTION 2 MEET THE NEEDS OF THE PEOPLE SHROPSHIRE, POWYS AND OF THE RESIDENTS OF TELFORD & WREKIN WHO THIS COUNCIL REPRESENTS?

Option 2 will meet more of the healthcare needs of all the residents in the area served by SaTH as less money will be spent on buildings and borrowing thereby enabling more investment in other NHS services such as community and primary care services who support care closer to home for all. The opportunity costs of Option 1 has not been made explicit.

The consultation argues that with the proposed model – of one Emergency Care Site with Women & Children's in-patient services and one Planned Care site - the hospital can be more efficient so NHS money goes further. This is clearly important given the current deficit within the local health economy and as demand for healthcare, not just hospital services, increases in the future. Demand for primary and community care will increase in the future with an ageing population. Primary and Community Care will therefore need to meet the increasing needs of an ageing population but under the proposed model will also need to provide additional support to keep people out of hospital. Investment in primary and community care is therefore critical.

The pre-consultation business case is clear that Option 2 is 'the preferred option considered from a finance perspective'.

The capital cost of Option 1 is £312m and for Option 2 is £249m - £63m less capital. Option 2 achieves the same clinical configuration – that is one Emergency Centre with Women & Children's Centre and one Planned Care Centre - with its respective benefits but with considerably less capital funding.

There are potentially other uses for the £63m capital, for example, the consultation highlights the need for two adult cancer day units as currently there is only one at the Royal Shrewsbury. The capital costs of another cancer day unit is not included in these proposals but at approximately £4m to £5m could easily be incorporated into Option 2 and still cost less than Option 1. The needs of cancer patients in the East could be better met by not travelling so far to receive their regular chemotherapy treatment. Whilst the NHS do not fund air ambulances – a new helicopter has a capital cost of about £4.5 million – again potentially supporting more people's needs in terms of travelling to the right hospital in a critical situation.

The additional £63m capital costs for Option 1 does have on-going revenue consequences in terms of the cost of borrowing. According to the pre-consultation business case the cost of borrowing the additional capital is £3.3m more each year and over a long period of time – this adds up. Under Option

2 this £3.3 m could be spent on services in primary and community care that keep people well and out of hospital. For example this funding could support 12 GPs, 30 senior nurses and 25 junior nurses. These services are crucially important as the whole proposed model of hospital care is dependent on effective well-resourced primary and community services. **Spending more of the NHS's resources on community services rather borrowing capital will mean that more of all people's needs could be met by making the NHS £ go further.**

The actual costs of borrowing is not openly known. The NHS have modelled the minimum level of interest using Treasury sources. The NHS will borrow the capital from the Treasury and from Private finance sources. This means that the cost of borrowing could be more than £3.3m.

In order to make the financial model work – under Option 1 more hospital workforce reductions will need to be made compared to Option 2 (circa £400k). This is the equivalent to 16 nurses. The future needs of patients in the whole catchment area would be better served by maximising investment in hospital clinical staff as opposed to funding buildings so again Option 2 would be preferable.

Although the NHS's financial model suggests that each option would deliver a health-economy surplus in 5 years. Their own sensitivity analysis shows that a potential 5 year surplus generated by Option 1 in fact could be a £304k deficit whereas Option 2 would still be in balance by £3.4m. The difference could be even greater once the exact borrowing costs are factored in. **Option 2 has less financial risk to the health economy.**

Stakeholders and the public at the 'Call to Action' event that launched Future Fit five years ago clearly articulated that their priority was about 'Care Closer to Home' – they valued in particular primary and community services. This is a long term decision for the next half-decade and Option 2 would allow for more investment to be made in community services that keep people well and out of hospital. **The opportunity costs of the investment into acute care has not been made explicit and, given the NHS has a finite resource, Option 2 is more likely to be able to meet the longer-term needs of our changing population**.

Option 2 is more likely to meet the needs of our residents and other communities in Shropshire and Powys because Telford is more attractive in recruiting new clinical staff

The success of either option is dependent on the hospital's ability to recruit the right clinical staff. The site with the Emergency Centre and Women & Children's in-patient services will be larger, require more staffing and from specialities with particular national shortages e.g. A&E and Critical Care. The Shrewsbury & Telford Hospital Trust (SaTH) has described to Future Fit that it is easier to recruit at Telford because of its proximity to the West Midland conurbation and Birmingham. Option 2 therefore will be more likely to meet the needs of **all** patients served by SaTH as clinical sustainability is more likely to be achieved through easier recruitment.

Future Fit argue that the configuration and clinical sustainability is paramount and more important than travel times.

Future Fit has asserted – and this was reiterated at the CCG Joint Committee that travel times were not as important as getting 'the Right Care, at the Right Place with the Right Clinicians' namely the right clinical configuration. This is the same under each option but success of the model depends on the availability and attractiveness of the hospital to clinicians.

The key rationale in the message for the reconfiguration from the CCG Chairs is that:

'It has become more difficult to make sure there is the right number of highly skilled medical, nursing and other healthcare at both hospitals. A local and national shortage of doctors, nurses and other health professionals has led to difficulties in recruiting and the problem is getting worse'

and that

'*if we continue the way we are now, we do not believe that all our patients will receive safe, high quality care and treatment all of the time'*

There are national shortages particularly in specialities such as A&E, Critical Care and Acute Medicine. Future Fit have argued that a change in the model and concentration of certain clinical services on each site will attract clinicians. However as there are national shortages it is paramount to maximise SaTH's ability to recruit a sustainable clinical workforce. The hospital has described to Future Fit that the Royal Shrewsbury has a reduced volume of applicants across all clinical staff grades compared to the Princess Royal. It is easier to recruit at Telford because of its proximity to the conurbation and Birmingham. The site with the Emergency Centre and Women & Children's services will be larger, require more staffing and from specialities with particular acute shortages e.g. A&E and Critical Care.

It is clear that Option 2 will be more likely to meet the needs of **all** patients served by SaTH as clinical sustainability is paramount. If the trust is unable to recruit sufficient clinical staff – the CCGs do not believe that 'all their patients will receive safe, high quality care and treatment all of the time'. Given the national shortages, SaTH will be better placed to recruit the clinical staff they need by locating the Emergency Centre and Women and Childrens Centre at Telford under Option 2.

Option 1 does not meet the higher level of needs for Women and Children in-patient services in Telford & Wrekin and Eastern Shropshire. Option 2 does.

The higher level of need for in-patient Women and Children Services in Telford & Wrekin and Eastern Shropshire was recognised by the NHS only 4 years ago when the new Women and Childrens Centre was built at the Princess Royal at a cost of £28m. These needs have not changed and will only increase at a faster rate in the East than the West in the future. While both options have the clinical advantages of co-locating Women and Children's in-patient services with the Emergency Centre, Option 2 will also maximise the benefits for the majority of women and children who live closer to PRH.

Under Option 1 in excess of 10,000 in-patient journeys for Women and Children's services will be further and will take longer. Contrary to the consultation document this is the majority – two thirds 66% of all journeys for these services. Of particular note are the following:

Women's & Children's Service	Total journeys longer and further		Disproportionate effect on journey of patients with the highest risk factors	
	No.	% of total	% of patients from most deprived areas	% of BME patients
Delivery journeys (births)	1,649	64%	90%	89%
Midwife-led transfers	185	55%		
Neonatal Intensive Care journeys	218	61%	84%	78%
Children's Assessment journeys	543	51%	90%	94%
Children's In-patient journeys	4,016	71%	94%	91%

Source: Future Fit Integrated Impact Assessment – Women & Children 2017

Women and children from Telford & Wrekin and Eastern Shropshire will have further and longer to travel for all in-patient women and children's services. We understand that:

- 64% (1,649) of all births and 71% (4,016) of all hospital admissions in children are closer to the Princess Royal Hospital
- 89% of births in Telford & Wrekin are consultant-led deliveries compared to 81% of births in Shropshire

This is because of the higher number of women of child bearing age and children living in the East and the significantly higher level of need of women and children within our Telford & Wrekin communities in particular. The makeup of the population in Telford & Wrekin exponentially influences the poorer health outcomes for women and children and the resulting high need for consultant-led in-patient services, compared to Shropshire and Mid Wales.

	2017	
Population	**East**	**West**
Children	52,116	46,123
Women 16-44	48,201	42,900

Source: Telford & Wrekin ODD & Planning Dept Local Council Projections, Shropshire & Powys ONS/Welsh Office 2014 Local Authority Projections

Economic and social factors have a harsh detrimental effect on women and children's health and are known to generate a greater need for health services. The numbers of women and children living in poverty in deprived areas in Telford & Wrekin is significantly worse than in Shropshire and in England as a whole ~ 9,000 of those under 20s live in poverty and almost 9,000 women of child bearing age live in deprived communities. In Telford & Wrekin 16% of births are to mothers from Black and Minority Ethnic (BME) groups, which is double the 8% level in Shropshire.

The legacy of poor lifestyles in Telford & Wrekin further contributes to the poor outcomes and the high demand for services we see for local women and children. Smoking in pregnancy and excess weight are key risk factors that contribute to the need for consultant-led rather than mid-wife led deliveries. The prevalence of both these risk factors in Telford & Wrekin is higher than the national and Shropshire average. The other key risk factor for consultant-led births is the age of the mother. Both Shropshire and Telford & Wrekin however have a lower proportion of women aged over 35 years giving birth compared to the national average

Over 90% of all journeys for women and children living in the most deprived 10% areas and those from Black, Asian and other (non-white) ethnic groups will be further and longer across the entire range of all women and children's services. Future Fit's Integrated Impact Assessment highlights that 47% of households in the lowest income quintile and 32% of households in the second-lowest income quintile do not have a car compared to an average of 24%. In terms of ethnicity, 44% of Black/African/Caribbean/Black British adults live in a household without a car compared to 18-25% amongst other ethnic groups.

Less than 10% of women in Telford currently have their babies in a Midwife Unit. This is half the proportion in Shropshire. Under Option 1 the numbers of babies being delivered in the Midwife unit in Telford is likely to be even fewer as women are more likely to choose the unit in Shrewsbury in case they need to be transferred during labour. Indeed under Option 1, 185 or 55% of transfers from any Midwife led Unit to the consultant unit during labour will be longer journeys.

There are significant known health inequalities which affect children and young people's need for hospital services. Emergency hospital admissions in children and young people from the most deprived areas are at least double those in the least deprived and rates are consistently higher for the top ten most common conditions requiring admission to hospital.

The proportionately higher rates of emergency admissions in children and young people in Telford & Wrekin compared to Shropshire, demonstrates the significant level of need driven by our levels of deprivation and ethnic diversity. This includes higher rates of emergency admissions of infants under 14 days, as well as rates in the under 5s, 5-19, 10-14 and 15-19 year olds in Telford & Wrekin compared to Shropshire. This reflects the fact that 23% of Telford & Wrekin children live in low income families, compared to 13% in Shropshire.

The significantly higher level of need for in-patient Women and Children's services was recognised by the NHS only 4 years ago when the new Women and Childrens Centre was built at the Princess Royal at a cost of £28 million. These needs have not changed. They will only increase at a faster rate in the East than the West in the future. Two-thirds of births and hospital admissions in children are closer to the Princess Royal Hospital and those least able to travel further – due to their socio-economic circumstances are expected to travel further under Option 1.

Option 1 does not maximise the impact the proposed reconfiguration could have on better meeting the needs of the majority of those needing emergency care at SaTH, as their nearest hospital provider. Option 2 does.

Whilst overall average emergency travel times to the PRH (under Option 2) are slightly less than to the RSH (Under Option 1). These are 25.3 minutes vs 25.7 minutes respectively. Very little account has been taken of the proximity of other hospitals such as the Wrexham Maelor that are actually nearer to some of the communities that are described as being part of SaTH's 'catchment' area. If we consider only the emergency care patients who live closest to either RSH or PRH rather than these other hospitals, 60% of all emergency care patients live closer to PRH with average emergency travel times even shorter to the Princess Royal compared to the Royal Shrewsbury.

Based on this analysis, Option 2 will mean that the Emergency Centre will be located in the hospital that is nearest the majority of those communities for whom either RSH or PRH is their nearest hospital. It would therefore more fully meet the emergency care needs of the majority of those needing emergency care at SaTH. The majority live in Telford & Wrekin and Eastern Shropshire.

For most residents of Telford & Wrekin the Princess Royal is their closest hospital followed by the Royal Shrewsbury. Large parts of Eastern Shropshire are also closest to Telford and then Shrewsbury. Alternative hospitals are generally further than both Telford and Shrewsbury.

There are *currently* other communities within the SaTH catchment area who actually live nearer an alternative hospital – particularly in the South, North and West. Some of these communities live closer to hospitals such as Bronglais Aberystwyth, Wrexham Maelor, Hereford County, Leighton Crewe and New Cross Wolverhampton. Very little account has been taken of these hospitals in the selection of the preferred option although they have been in the latest CCG proposal regarding Midwife Led Birth Units.

If these alternative hospitals are taken into account, 60% of all the remaining emergency care patients live closer to PRH and average emergency travel times are even shorter to the Princess Royal compared to the Royal Shrewsbury. 23.5 minutes compared to 24.8 minutes. This means that for all those whose closest hospital is either RSH or PRH – 6 out of 10 live closer to the PRH.

The selection of Option 1 does not maximise the impact the proposed reconfiguration could have on meeting the needs of the majority of those needing emergency care at SaTH.

Future Fit have used West Midlands and Welsh Ambulance Service information to model the impact of the location of the Emergency Centre on time-critical journeys. It has used Category A calls data from the Welsh Ambulance Service and Red 1 and 2 calls data from West Midlands Ambulance Service – and it is assumed the criteria is the same for each ambulance service.

Both the 2015 and 2016 Future Fit Evaluation Packs have used 2014/15 ambulance data. In 2015 15,434 emergency ambulance journeys were modelled but in 2016 only 743 'Red 1' – the highest priority calls were modelled. As the Welsh Ambulance Service does not use the Red1/Red2 classification a subset of the Category A calls will have been extracted.

On closer examination of this data, the number of Welsh time critical journeys modelled in 2016 is higher than expected – compared to our English populations. Nearly 11.6% of 'Category A' calls in Mid-Wales were classified as 'Red 1' compared to 4.4% of all 'Red' calls in English localities. This is more than double expected and cannot be explained apart from the different criteria used for Category A and Red 1/Red 2 calls between the two ambulance services or at the analytical stage. This has the effect of increasing the impact of Welsh time-critical journeys on the modelled average travel times and the numbers travelling long distances.

This discrepancy in the time-critical journey data used for the 2016 Evaluation Panel can be further illustrated by the following statistics. The Mid-Wales population represent 12.5% of the hospital's catchment population, 8% of hospital's emergency admissions, 6% of all the hospital's ambulance calls but 14% of all the hospital's 'time critical' calls.

The Council is prepared to outline this detailed analysis on request.

Number of Red 1 & 2 or Category A ambulance calls by locality 2014/15

2014/15	Red 1 + 2 or Category A	Red 1	% Red 1
English Localities to SaTH	**14,530**	**638**	**4.4%**
Bridgnorth	1,346	67	5.0%
North Shropshire	1,593	60	3.8%
Oswestry	902	37	4.1%
Shrewsbury & Atcham	3,473	177	5.1%
South Shropshire	854	41	4.8%
Hadley Castle	2,468	88	3.6%
Lakeside South	1,616	63	3.9%
The Wrekin	2,278	105	4.6%
Powys to SaTH	**904**	**105**	**11.6%**

Source: Future Fit Evaluation Pack 2015 & 2016

In the consultation document, Future Fit argue that if the Emergency Centre was at Shrewsbury – fewer people would have longer time-critical journey times. Notwithstanding the above discrepancy,

this overstates the position. In both options, of the 743 time critical journeys a similar number of journeys will be longer, that is between 271 or 276.

		No. Delayed		%. Delayed	
Locality	**Red 1 Conveyed**	**Option 1**	**Option 2**	**Option 1**	**Option 2**
Bridgnorth	67	33	0	49%	0%
North Shropshire	60	19	5	32%	8%
Oswestry	37	0	37	0%	100%
Shrewsbury & Atcham	177	0	123	0%	69%
South Shropshire	41	2	17	5%	41%
Shropshire	**382**	**54**	**182**	**14%**	**48%**
Hadley Castle	88	79	0	90%	0%
Lakeside South	63	49	0	78%	0%
The Wrekin	105	89	0	85%	0%
Telford & Wrekin	**256**	**217**	**0**	**85%**	**0%**
Powys	**105**	**0**	**94**	**0%**	**90%**
	743	271	276	36%	37%

Source: Future Fit Evaluation Pack 2016

Future Fit have not included any analysis of the impact of alternative hospitals on time-critical journeys. It is assumed the journey is to the nearest hospital. This is not necessarily the case now but the impact of alternative hospitals is different under either option.

For emergency care – 16% of activity is nearer an alternative provider under Option 2 compared to 11% under Option 1. Over three quarters of emergency care activity from Mid-Wales and Oswestry will be nearer an alternative hospital if the Emergency Centre was at Telford. If a similar pattern of alternative provision is available for time-critical journeys as for emergency care we estimate that average time critical journey length would be marginally shorter when the Emergency Care Centre is at Telford compared to Shrewsbury (24.6 minutes compared to 25 minutes).

Option 1 does not maximise the impact the proposed reconfiguration could have on better meeting the needs of the majority of those needing emergency care at SaTH, as their nearest hospital provider.

Option 1 does not fully support the future healthcare needs of the population. Option 2 is more future-proofed

The future healthcare needs of the East have not been adequately taken into account in the selection of the preferred option. We have argued that the majority of the current need for inpatient emergency and Women & Childrens services are in communities in the East. These needs will increase at a faster rate in the future in the East due to population growth compared to the West. The projected growth of population in the East will be higher than the West in the 65-74 year olds, over 75s, children and women of child bearing age – all significant users of hospital in-patient emergency and Women & Children in-patient services. Option 2 will therefore meet more of the future changing healthcare needs of the population served by SaTH.

Future Fit argue that the proposed model of hospital care takes into account the expected changes in the population over the coming years and how best care can be provided for everyone.

We understand that ONS population projections have been used to model future bed numbers despite Telford & Wrekin Council providing locally produced population projections that are more sensitive. No population projections were used in the selection of the preferred option at the evaluation panels.

According to the consultation Option 1 is preferred because Shropshire and Mid Wales has an older population and that the numbers of older people are growing at a faster rate than across Telford & Wrekin.

This assertion fails to recognise that the Princess Royal Hospital is the site closest to Eastern Shropshire and not only Telford & Wrekin residents and that:

- the projected growth of population in the East will be higher than the West in 65-74 year olds, over 75s, children and women of child bearing age and
- these groups are all significant users of hospital in-patient emergency and Women & Children services.

The geographical area that Future Fit describes as being served by SaTH is 551,500 in 2017 (311,000 Shropshire, 171,000 Telford & Wrekin and 69,000 parts of Powys).

Taking this 'catchment area' at face value – the geographical area can be divided into those communities that are living closest to Princess Royal (PRH) or 'the East' and those living nearer the Royal Shrewsbury (RSH) or 'the West'. In 2017, the population size of these areas is very similar at 275,000 people in the West and 276,500 in the East.

Within the East, our borough of Telford & Wrekin is growing at a faster rate compared regionally and nationally and this is set to continue as the original new town was planned to have a population of around 200,000. For this reason the Council prepares populations projections that take account of this predicted growth in housing. These population projections are more sensitive than national ONS projections and have been used to underpin the Councils Policy Framework. These projections were supplied to the Future Fit Programme.

Between 2017 and 2031 Telford & Wrekin's population is projected to increase by 12% or 20,500 (T&W Council projections) compared to an increase of 6% or 17,500 people in Shropshire and a decrease of 4% or 3,000 in the relevant parts of Powys (ONS/Welsh Office 2014 based local authority projections).

By extrapolating Telford & Wrekin Councils and ONS/Welsh Office projections we can predict the relative size of the communities who will be living closest to Princess Royal (PRH) and those living nearer the Royal Shrewsbury (RSH) in 2031.

Communities in 'the East' are set to increase by 10% or 26,500 and communities in 'the West' are set to grow by 3% or 8,700 by 2031. This means that by 2031 the East will have a population of 303,000 and the West a population of 284,000.

Over nearly the next 15 years the number of over 75s will increase by 63% in the East compared to 57% in the West. For children and women of child bearing age –these groups will increase by 8% in the East compared to a decrease of 2% in the West. These age groups are significant users of hospital in-patient emergency care and Women and Children services

	Growth 2017 - 2031			% increase 2017 - 2031		
	East	**West**	**Total**	**East**	**West**	**Total**
All Population	**26,506**	**8,740**	**35,246**	**9.6%**	**3.2%**	**6.4%**
Children	3,999	-1,113	2,886	8%	-2%	3%
Women 16-44	3,417	-1,068	2,349	7%	-2%	3%
Adults 65 - 74	4,958	4,368	9,326	16%	12%	14%
Adults 75+	14,250	16,867	31,117	63%	57%	60%

Source: *Telford & Wrekin ODD & Planning Dept Local Council Projections, Shropshire & Powys ONS/Welsh Office 2014 Local Authority Projections*

Further the use of crude population estimates and projections is likely to underestimate future demand because it does not take account of the other main factor, apart from age, that drives demand for hospital care – that is the level of deprivation within the population.

Within the East, our borough of Telford & Wrekin has communities that are amongst the most deprived nationally. More than a quarter (27%) of the Borough's population lives in the 20% most deprived areas nationally. Deprived communities have a higher level of need for hospital services compared to more affluent particularly for children in-patient, consultant led maternity care and emergency care.

In deprived communities, the development of long term conditions and particularly multiple long term conditions takes place at an earlier age than in more affluent communities. Long term conditions and multiple morbidity is a significant cause of admission to hospital in an emergency. The population impact of an ageing population that is also deprived is likely to have been underestimated by Future Fit by using crude ONS population projections.

The future health care needs of the East have not been adequately taken into account in the selection of the preferred option. As the population in the East is predicted to increase at a faster rate than the West in those age groups that are significant users of hospital services. Option 2 will therefore meet more of the future hospital care needs of the population served by SaTH.

Option 1 is less convenient for the majority to have their planned operations. Many of these people are older people who are more likely to have difficulty travelling to hospital for their planned care or to visit friends and families compared to other age groups

The Planned Care hospital is the site that most people will have to travel to by car. Journeys to the Emergency Care Centre will largely be via ambulance and to the Women and Childrens Centre – a combination of car or ambulance. Visitors will travel by car or public transport to either site. The Planned Care hospital will not only have planned care beds but also medical beds for on-going hospital care.

Currently most planned operations take place at Shrewsbury and therefore under Option 1 more people (circa 40,000) will have to travel to Telford instead for these operations and procedures. 70% of all patients admitted for planned care would therefore have to travel to a different hospital compared to now. With just over 5 out of 10 people needing planned care living closer to Shrewsbury – it makes more sense for the planned care site to be at the Royal Shrewsbury.

Older people are more likely to have transport difficulties with fewer people able or willing to drive long distances. This is the group most affected by moving all non-complex planned care to Telford. Many more people from Powys and Shropshire will have to travel to Telford. According to Future Fit the most significant group of patients impacted will be those aged over 75 who represent 25% of those affected. Future Fit's Integrated Impact Assessment highlights that people aged over 70 years are the most likely age group without a car (31%) and that the most affected areas would be Central and South Shropshire and across Powys with higher concentrations of people aged over 70 years and lower levels of income than the average for the catchment area.

Number of Planned Care In-Patient Journeys affected

	Option 1 Planned Centre at Telford	Option 2 Planned Centre at Shrewsbury	Difference
Total non-complex planned journeys	57,444	57,444	
Total Displaced non-complex planned journeys	39,709	15,240	24,469
Displaced patients in protected groups			
Over 75s	8,536	2,637	5,899

Source: Future Fit Evaluation Pack 2016

Older people are the most likely group in the population who will stay in hospital for a long period of time compared to other age groups. According to the Pre-Consultation Business Case under Option 1 80% of patients admitted to Shrewsbury as an emergency and who need to stay in hospital for longer than 3 days will be transferred to the Planned Care Centre at Telford. This will not be care closer to home for older patients who are living in Shropshire or Mid-Wales and their spouses, friends and family wishing to visit.

Whilst most journeys to hospital will be by car – for some this is not possible and they are reliant on public transport. This is particularly the case for visitors and those using planned care. If the planned care centre and on-going medical beds are at Telford, more public transport journeys would need at least two changes to get there compared to if the planned centre is at Shrewsbury. 56% of journeys from Shropshire and 49% of journeys from Powys would need at least two changes to get to the Princess Royal compared to 15% and 7% respectively to get to the Royal Shrewsbury.

Number of public transport changes to complete journey to RSH or PRH

Option 2 Planned Care at Shrewsbury	No Changes	One Change	Two or more Changes	Not possible by public transport
Shropshire	15%	56%	15%	15%
Telford & Wrekin	0%	40%	56%	4%
Powys	18%	23%	7%	52%
Option 1 Planned Care at Telford				
Shropshire	7%	23%	56%	15%
Telford & Wrekin	43%	43%	8%	6%
Powys	0%	0%	49%	52%

Source: *Future Fit Integrated Impact Assessment November 2016*

Older people are also significant users of community-based services such as GPs, district and specialist nurses. This group are those most likely to have multiple long term conditions and as the population ages an increasing number of people will have multiple long-term conditions. These people are those most likely to benefit more from generalist practitioners (GPs) in the community rather than hospital specialists as they take a more holistic approach to treating the range of conditions the person has rather than just the one disease area the specialist treats. Option 1 will not necessarily meet the needs of older people in the area as the hospital will cost more to run than Option 2 and will mean there is less opportunity for future investment in community services that will be of benefit particularly to older people.

Option 1 will present the greatest challenge to those, such as older people, who find it difficult travelling to hospital for their planned operations and to visit those staying in hospital a long time. More than 5 out of 10 people needing planned care live nearer the Royal Shrewsbury and this hospital is more convenient to travel to by car or public transport for the majority across SaTH's catchment area.